

Subsequent to removal of adenomas of the adrenal cortex, regression of the signs and symptoms rapidly occurs and the prognosis is excellent. After removal of hyperfunctioning medullary tumors the paroxysmal hypertension disappears.

Mayo Clinic.

REFERENCES

1. Belt, A. E., and Powell, T. O.: Clinical manifestations of the chromaffin cell tumors arising from the suprarenal medulla; suprarenal sympathetic syndrome, *Surg., Gynec. & Obst.*, 59:9-24 (July), 1934.
2. Borch-Johnsen, E.: An operated case of paraganglioma gland. suprarenal. sin. associated "with the suprarenal sympathetic syndrome," *Acta chir. Scandinav.*, 80:171-180, 1937.
3. Cahill, G. F., Loeb, R. F., Kurzrok, R., Stout, A. P., and Smith, F. M.: Adrenal cortical tumors, *Surg., Gynec. & Obst.*, 62:287-313 (Feb.), 1936.
4. Horton, B. T., and Brown, G. E.: Systemic histamine-like reactions in allergy due to cold; a report of six cases, *Am. J. M. Sc.*, 178:191-202 (Aug.), 1929.
5. Horton, B. T., and Brown, G. E.: Histamine-like effects on gastric acidity due to cold, *Proc. Staff Meet., Mayo Clin.*, 7:367-371 (June 22), 1932.
6. Jaffe, H. L.: The suprarenal gland, *Arch. Path. & Lab. Med.*, 3:414-453 (March), 1927.
7. Keyser, L. D., and Walters, Waltman: Carcinoma of the suprarenal associated with unusual endocrine manifestations, *J. A. M. A.*, 82:87-88 (Jan. 12), 1924.
8. Lukens, F. D. W., Flippin, H. F., and Thigpen, F. M.: Adrenal cortical adenoma with absence of the opposite adrenal: report of a case with operation and autopsy, *Am. J. M. Sc.*, 193:812-820 (June), 1937.
9. Marine, D.: Quoted by Rowntree, L. G., and Ball, R. G.: Diseases of the suprarenal glands. *Endocrinology*, 17:263-294 (May-June), 1933.
10. Mayo, C. H.: Paroxysmal hypertension with tumor of retroperitoneal nerve; report of a case, *J. A. M. A.*, 89:1047-1050 (Sept. 24), 1927.
11. Meyer, Robert: Beitrag zur Frage der Funktion von Tumoren der Ovarien, insbesondere solcher, die zur Entweiblichung und zur Vermännlichung führen. *Arrhenoblastome, Zentralbl. f. Gynäk.*, 54:2374-2389 (Sept. 20), 1930.
12. Meyer, Robert: The pathology of some special ovarian tumors and their relation to sex characteristics. *Am. J. Obst. & Gynec.*, 22:697-713 (Nov.), 1931.
13. Norris, E. H.: Arrhenoblastoma: a malignant ovarian tumor associated with endocrinological effects, *Am. J. Cancer*, 32:1-29 (Jan.), 1938.
14. Paul, Fritz: Die krankhafte Funktion der Nebenniere und ihr gestaltlicher Ausdruck, I, *Virchows Arch. f. path. Anat.*, 282:256-326; II, 327-401, 1931.
15. Porter, M. R., and Porter, M. F., Jr.: Report of a case of paroxysmal hypertension cured by removal of an adrenal tumor, *Surg., Gynec. & Obst.*, 50:160-162 (Jan.), 1930.
16. Scholl, A. J.: Tumors of the adrenal cortex, *J. Urol.*, 39:81-92 (Feb.), 1936.
17. Shipley, A. M.: Paroxysmal hypertension associated with tumor of the suprarenal, *Ann. Surg.*, 90:742-749 (Oct.), 1929.
18. Strassmann, E.: Vorführung einer Frau mit Erscheinungen von Vermännlichung durch Ovarialtumor und Wiederverweiblichung durch Operation, *Ztschr. f. Geburtsh. u. Gynäk.*, 98:131-134, 1930.
19. Taylor, J. M., Wolfermann, S. J., and Krock, Fred: Arrhenoblastoma of the ovary, *Surg., Gynec. & Obst.*, 56:1040-1046 (June), 1933.
20. Walters, Waltman: The surgical aspects of suprarenal abnormalities. (Editorial), *Surg., Gynec. & Obst.*, 56:242-243 (Feb.), 1933.
21. Walters, Waltman, and Kepler, E. J.: Adrenal cortical tumors and their treatment; a study of seven operated cases, *Ann. Surg.*, 107:881-898 (June), 1938.
22. Walters, Waltman, Wilder, R. M., and Kepler, E. J.: The suprarenal cortical syndrome with presentation of ten cases, *Ann. Surg.*, 100:670-688 (Oct.), 1934.

MEDICAL PREPAREDNESS IN CALIFORNIA*

PHILIP K. GILMAN, M. D.

San Francisco

IT is a pleasure to stand before you this morning and to report that the medical profession in California has coöperated 100 per cent in the national plans for mobilization of medical resources. I do not mean that statement to be taken as bragging on my own part as chairman of the California Committee on Medical Preparedness; I have been only one cog in a rather large wheel which extends throughout the State and which encompasses the activities of a large number of physicians.

If you will bear with me for a moment, I should like to give you a brief review of the activities of this particular committee. The committee came into being in July, 1940, when the American Medical Association held an organization meeting of its National Committee on Medical Preparedness. The national committee appointed one member in each state to act as a state representative. That member, myself in the case of California, appointed one member in each county as a member of the state committee. In a matter of a few hours, a national body of ten members of the American Medical Association was expanded into a group of forty-eight state chairmen; the larger body immediately subdivided into a committee of several thousand members, one in each county of each state in the country.

This largest committee was soon put to work gathering in the medical preparedness blanks with which you have all become so familiar in the last year. The American Medical Association sent out 180,000 of these blanks, and the state and county medical preparedness committee members were asked to follow up on this huge mailing. The California Medical Association late last year mailed a second set of these blanks to all California physicians who had not responded to the first call.

Early this year the California Medical Association again mailed blanks to those on the list of non-filers. Here the services of the Woman's Auxiliary were called upon, and I am particularly gratified to report to you that the ladies went right to work. They called upon physicians in person; they called them on the telephone; they wrote them personal notes in letters and postcards. In short, they got the blanks filled in and mailed to the Association's central office.

As a result of this activity, California today has a higher ranking, percentagewise, than any other large state in the Union in the number of American Medical Association blanks on file. The latest figure I have seen showed that more than 80 per cent of all physicians in the State had filed their blanks with the American Medical Association. The Association office will keep after the rest and will make

* From the office of the chairman, California Committee on Medical Preparedness.

One of the papers in a Symposium on Military Medicine, read before the Fourth General Meeting at the seventieth annual session of the California Medical Association, Del Monte, 5-8, 1941.

By Philip K. Gilman, M. D., Captain, Medical Corps, United States Navy.

up incomplete blanks in the near future for all physicians who have not to date made up and mailed in their own blanks.

Right now the American Medical Association Committee on Medical Preparedness is calling on the various states for another survey—this time to show the number of physicians who are essential to the staffs of institutions, hospitals, medical schools and other organizations, together with the number needed for the maintenance of proper health standards in industrial plants and among the civilian population. This survey is proceeding on schedule in California, and it is hoped that a complete report from this State will soon be ready.

These surveys may appear on the surface to be routine matters; however, they require a great deal of care in handling, and they call upon county, state and national committee members for quick answers to a great many questions. Our correspondence files are bulging with incoming and outgoing letters on a variety of medical preparedness matters. Our office staff is putting in a lot of time and study on this entire question.

So much for the paper work of medical preparedness. I would like now to touch on a little more tangible matter about which I am sure you will hear more later on this program from our Army and Navy representatives.

I refer to the furnishing of physicians for the armed services.

You have all become familiar in recent months with the figures on the expanded medical corps of all branches of the military service. The Selective Service Act, together with augmented enlistment campaigns, is building up a much larger Army than we have had in this country at any time since the World War. And an Army needs doctors.

I do not need to repeat to you that the Army needs more than 9,000 new physicians each year under the present program and that only 5,200 graduates are coming each year from the accredited medical schools of this country. Simple arithmetic has already shown us that close to 4,000 additional physicians are needed each year to fill up the huge gap in the Army's Medical Corps.

The California Medical Association has been asked to do its part in meeting this need, and I am happy to tell you that everything possible has been done to meet this need. Appeals have been made by mail, by publication, by personal visits and by all other available means, to the physicians of California. They have been told what is needed; they have been asked to volunteer their services; they have been shown the advantages of entering the Army Medical Corps instead of waiting for a call to other branches of the service under the draft law.

For a number of reasons, these appeals have not been very successful. But, while the appeals were being made, another situation arose which requires a lot of probing on our part and that of the Army. The anomaly has appeared in which the Army is asking for young men and is getting volunteers

from the older groups. The younger men apparently are not anxious to serve, while their elders are more than anxious but are barred from service by arbitrary age limits.

Along the same line, let me mention another paradoxical situation. The Army has asked us to locate specialists for chiefs of service or assistant chiefs—but the Army expects us to find these men in the age class below thirty-six years.

One more: The Army has found that many physicians holding the rank of first lieutenant in the Medical Corps Reserve are resigning their commissions, according to their legal rights, when they are called for active duty; at the same time, the Army finds itself handicapped by law in the granting of additional commissions to qualified practitioners who stand ready to serve their tours of active duty.

I will not go into detail on these matters, but I do want to call them to your attention, so that we may all think about them. Out of our collective thinking it is likely that a sound solution to the problem will be found.

As I view the Army's medical situation today, the principal trouble seems to be one of growth. The Army has outgrown its own Medical Corps; it has outgrown the laws under which commissions have been issued in the Medical Corps Reserve; it has outgrown its own ability to expand its component departments in conformity with the demands of its entire body.

I do not like to use the expression "red tape," because it is hackneyed; however, in this case it is particularly apropos and is the best term I know of to express the only real trouble that I have been able to discover in the Army's medical problem.

May I make just a few suggestions for the possible remedy to this problem? First, let the Army advance its maximum age limit from 36 to 55 years for the granting of Reserve Corps commissions. Second, let qualified practitioners be ranked according to their professional attainments, rather than be categorized as first lieutenants, regardless of the skill they possess. Third, let those present commission holders who refuse active service be stricken from the list of reserve officers, so that their places may be made available for qualified physicians who are ready, able and willing to serve.

These suggestions are not offered in the sense of criticism of the Army or of any of its officers. Rather are they given as a means of stimulating constructive thinking toward a solution of the present dilemma.

The medical profession in California—and I have had ample opportunity to survey it in the last ten months—is ready to meet any national emergency. With coöperation on the part of federal officials, I am sure the profession's record in the present world conflict will be as glorious as it was in the days of 1917 and 1918.

1095 Market Street.